

Similarities and Differences between providing services through Individual Budgets and POS Contract

Individual Budgets (DDS Revenue less than \$200,000)	POS CONTRACT (Qualifying DDS Revenue \$200,000 and up)
SIMILARITIES	
DDS participants may choose to transfer to another provider through the DDS Portability of Funds process if not satisfied with their current services	DDS participants may choose to transfer to another provider through the DDS Portability of Funds process if not satisfied with their current services
Qualified Providers are required to document all services provided as outlined in the Waiver Documentation guideline issued by DDS	Contractors are required to document all services provided as outlined in the contract and the Waiver Documentation guideline issued by DDS
Qualified Providers are required to participate in the Quality Service Review process for all waiver able services.	Contractors are required to participate in the Quality Service Review process for all waiver able services.
Qualified Providers are required to participate in the Quality Service Review process for all waiver able services.	Contractors are required to participate in the Quality Service Review process for all waiver able services.
Qualified Providers are required to submit a Continuous Quality Improvement Plan	Contractors are required to submit a Continuous Quality Improvement Plan
Qualified providers that received more than \$100,000 but less than \$300,000 in the fiscal year of reimbursement from DDS are required to submit an End of Year Expense Report and Agreed Upon Procedures Report prepared by a CPA	Contractors that received more than \$100,000 but less than \$300,000 in the fiscal year of reimbursement from DDS are required to submit an End of Year Expense Report and Agreed Upon Procedures Report prepared by a CPA
DIFFERENCES	
Qualified Providers invoice FI for services rendered	Contractors Input utilization on the DDS web-based attendance program called WEBRESDAY. Payment is based on the timely submission of utilization data.
Qualified providers do not submit a Budget for costs to provide services	Contractors must submit a Budget for costs (Operational Plan) to provide services on an Excel spreadsheet
Qualified providers are not required to submit State of CT Ethics and Non-Discrimination Certification Forms	Qualified providers are required to submit State of CT Ethics and Non-Discrimination Certification Forms through the Department of Administrative Services web-based service called BIZNET
Qualified providers are not required to Cost Settle the difference between revenues received by DDS and expenses incurred by the agency	Revenue Retention guidelines for the FY2015 contract year: Within available resources: <input type="checkbox"/> Provider with a surplus of \$100,000 or less would retain 50% of the total unexpended funds. <input type="checkbox"/> Provider with a surplus of more than \$100,000 would retain 50% of the first \$100,000 of surplus and 25% of the amount over \$100,000.

Qualified providers that received less than \$100,000 in the fiscal year of reimbursement from DDS are not required to submit an End of Year Expense Report	Contractors that received less than \$100,000 of reimbursement in the fiscal year from DDS are required to submit an End of Year Expense Report
Qualified providers that received more than \$300,000 in the fiscal year of reimbursement from DDS are required to submit an End of Year Expense Report and Audited Financial Statements completed by a CPA.	Contractors that received more than \$300,000 in the fiscal year of reimbursement from DDS are required to submit an Annual Report and Audited Financial Statements completed by a CPA. Non-Profit agencies are required to submit a State Single Audit completed by a CPA.
Qualified providers are allowed to submit financial Reports based on Provider's Fiscal Year	Contractors are required to submit financial Reports based on the DDS Fiscal Year(7/1-6/30)
Qualified providers are not required to submit an interim financial report	Contractors are required to submit an Eight Month Financial Expense Report
Qualified providers are required to attend at least one of the annual meetings (Annual Performance and Fiscal Meetings) with the region	Contractors are required to attend both of the annual meetings (Annual Performance and Fiscal Meetings) with the region
Qualified Providers are required to comply with all the assurances listed on the Assurance Agreement signed during the application process.	Contractors are required to comply with all contract requirements as outlined in Part 1 and Part 2 of the contract
Qualified Providers Communicates mostly with Case Manager	Contractors Communicates mostly with Resource Manager
Vendor Service Authorizations are based on the Individual's Budget Year.	Contract service Authorizations are based on the DDS Fiscal Year (7/1-6/30) and contract duration.

Providers who meet \$200,000 in qualifying DDS revenue will be reviewed to move to POS contract.

For detailed information contact your DDS CO Resource Manager II

(Follow the link below, POS tab for contract Providers and Non-POS tab for non-contract Providers)

[RM Provider Assignments](#)